



## Fort Carson Emergency Medical Technician – Basic Registration Form

Registration for the Emergency Medical Technician-B (EMT-B) program is required. This form should be on file with the EMT School **45 days prior** to the start date of class.

**Class Dates:** \_\_\_\_\_ to \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_ MOS \_\_\_\_\_ ETS: \_\_\_\_\_

Unit: \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address: \_\_\_\_\_

**I understand that the class starts at 0900 on the above date at BLDG 1012.**

If I am not in class at that time on that date, I will be dropped and my Platoon Sergeant and Commander/1SG will be notified.

**I do not have a profile restricting me from lifting or carrying at least 125 pounds, and I possess a current valid CPR card.**

If I am unable to attend the course, I will give the EMT school a minimum of 72 hours notice prior to the start date.

Applications should be submitted no later than 45 days prior to course beginning date.

**Student must have CPR card submitted with application. If not received by registration day they will not get a seat in that class.**

**Students must have an OSHA mask fit through occupational health, BLDG 2059, prior to course start day. This includes a Pulmonary Functions Test and a Medical Screening. Mask fitting is done by appointment only, which is made after the PFT and Medical Screening are completed.**

Signature: \_\_\_\_\_ CPR Expiration date (month/year): \_\_\_\_\_

### PLATOON SERGEANT

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**UNIT COMMANDER or 1SG is approving authority and validates that the above soldier will attend the course.**

**SUPERVISOR: for civilian personnel**

**The above named soldier has unit authorization to attend the EMT-B course on the above dates and has no further additional duties or obligations during the course (CQ, SDO, etc).**

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Commander/1SG Signature: \_\_\_\_\_ Commander/1SG Phone: \_\_\_\_\_

### MAJOR COMMAND TRAINING NCO (BRIGADE LEVEL)

Rank: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature \_\_\_\_\_ Phone: \_\_\_\_\_

**Questions may be addressed at BLDG # 1012 or phone 526-2820 / 8590. Fax 526-5351.**